

Statement of Organization POLITICAL COMMITTEE

	Type of States	ment					
☐ New Comm	☐ New Committee ☐ Amended Statement						
Name of Committee							
Insert full name of committee (you may include acronyms, but please spell them out)							
NOTE: Any political committee that intends to use the name of a candidate as part of the name of their political committee must							
file, along with this form, a copy of:	data agracuting to the use	of his name, an					
 the written authorization of the candidate consenting to the use of his name; or the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter 							
must be sent at least twenty-one days prior to the filing of this form.							
If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.							
Committee Mailing Address							
Street/PO Box (*See Instructions)							
City State		Zip Code					
)						
Business Phone Fa	XX	E-Mail Address (*see instruction	ns)				
Affiliated Organization or PAC							
Political Party Affiliation (if any):							
Tondear Farty Firmation (if any).							
Name/Address of Affiliated Organization or PAC:							
Name/Address of Affiliated Organization of FAC.							
Indicate the Durness of your Committee (e.g.	Labor Ducinass Health	Cara ata)					
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.)							
Full Name and Address of Candidate(s)	ndidate's Supported		Support or Oppose?				
Tun ivanic and radicess of Candidate(s)	Office Bought	1 arty mination	Support of Oppose.				
Committee Depository							
•							
Bank Name or Depository							
Address of Depository							



Statement of Organization POLITICAL COMMITTEE

Type of Committee (Please Check One)							
	Political Party Committee (please select one from the list below) ☐ State Party Committee ☐ County Party Committee ☐ City Party Committee ☐ District Party Committee						
	□ Political Action Committee (please select one from the list below)						
	□ Local PAC (intend to participate in local elections only) Or; □ Non-Federal State <u>and</u> Local PAC (intend to participate in local, General Assembly and Statewide elections – not registered with FEC) Please list the Cities, Counties or Towns the Committee intends to be active in:						
	1)						
	□ Non-Federal State PAC (intend to participate in General Assembly and/or Statewide elections only, not registered with FEC)						
	☐ Federal PAC (registered with FEC – intending to have activity in Virginia Elections) FEC ID# This Committee intends to participate in (check all that apply)						
	Statewide elections General Assembly elections						
	☐ Local elections						
	Inaugural Committee (set up to fund inauguration of an elected official)						
Nar	ne of Elected Person						
Stre	eet Address of Elected Person						
City	State Zip Code						
Nar	ne of the Office for which the Person was Elected						



Statement of Organization POLITICAL COMMITTEE

Officer Information						
Principal	Mr./Ms.	Last Name		First Name		
Custodian of the Books (Treasurer)	Street Address (R	Residence)		Suite #		
	City	State		Zip		
	Email Address (*	'see instructions)		Daytime Phone #		
Other Principal Officers (*see Instructions)						
	Mr./Ms.	Last Name		First Name		
	Street Address (R	Residence)		Suite #		
	City	State	:	Zip		
	Email Address (*	see instructions)		Daytime Phone #		
	Filin	g Method (Electronic Fil	ing Agreer	nent)		
□ Electronic Filer - I, as treasurer of this political committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such. □ I intend to electronically file using SBE's VAFiling Program and have attached the invoice and payment for the software. □ I intend to use an SBE Approved Vendor (please indicate name of vendor):						
Signature Date						
□ Paper Filer - I, as treasurer of this political committee, declare that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during this calendar year. The committee therefore requests an exemption in accordance with the provisions of Article 4, §24.2-914.1 (F) of the Code of Virginia.						
Signature		Date	Date			
Statement of Treasurer or Other Officer						
I accept the appointment of Treasurer for this committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to a Class 5 felony.						
Signature			Date			



Instructions for Completing This Form

- This form must be written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in \$24.2-929 of the <u>Code of Virginia</u>.

Type of Statement

Check the box that applies to the type of Statement that you are filing.

Name of Committee

Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

§ 24.2-908.1 of the <u>Code of Virginia</u> requires that any Political Committee who wishes to use a candidate's name as part of their name must show proof that the candidate either has consented to the use of their name, or that the committee has informed the candidate that they are intending to use their name.

Committee Mailing Address

- Insert the committee's primary mailing address.
 - *§24.2-908 states that committees must have an address that is located within the boundaries of the Commonwealth. However, a Political Committee that is established or controlled by a corporation doing business in Virginia or a national political party committee may provide an address that is outside the boundaries of the Commonwealth.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.
 - o This information is required if your committee intends to file electronically. Otherwise, it is optional.

Affiliated Organization of PAC

- Insert the committee's political party affiliation, if any.
- Insert the name and address of any affiliated organizations or Political Committees. For example, if your PAC is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - o All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

• Indicate any and all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this report.

Committee Depository

- Insert the name of the committee's sole depository (Bank Name).
- Insert the address of the committee's sole depository (must be in an account within the Commonwealth).



Type of Committee

Please Choose One of the Following:

✓ Political Party Committee

- A committee that are directly affiliated with an established party in Virginia
- A county, city and district party committees with a population of less than 100,000 are exempt from reporting requirements <u>unless</u> the committee receives contributions of more than \$15,000 or makes expenditures of more than \$15,000 in a calendar year. Those committees that file on paper must file with their local electoral board and State Board of Elections (SBE). Party committees that file electronically may only submit their reports to SBE.

✓ Political Action Committee

• Local PAC

- o a committee that intends only to participate in local elections
- o be sure to include the list of localities where the PAC intends to be active

Non-Federal State and Local PAC

- o a committee that is not registered with the Federal Election Commission (FEC) and intends to participate in local, General Assembly and Statewide elections
- o be sure to include the list of localities where the PAC intends to be active

Non-Federal State PAC

o a committee that is not registered with the FEC and that does not intend to participate in local elections, but does intend to participate in General Assembly and Statewide elections

Federal PAC

- a Political Action Committee that is registered with the FEC and intends to participate in Virginia elections (not including Congressional candidates)
- o check whether the committee intends to participate in Statewide, General Assembly or local elections

✓ Inaugural Fund Committee

- a committee established for the purpose of raising funds to pay for a candidate's inauguration
- insert the name, address and office of the candidate's inauguration

Officer Information

- Principal Custodian of the Books (Treasurer)
 - o Insert the name and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - *Note: The Treasurer must be a resident of the Commonwealth of Virginia unless the committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission) or a national political party committee.
 - Email Address
 - *Note: An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.

Other Principal Officers

- o Insert the name and residential address of any other officers of the committee.
 - *Note: At least one other officer must be a resident of the Commonwealth of Virginia unless the committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission) or a national political party committee.

Email Address

*Note: An email address for the other principal officers is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees. However, if an email address is inserted then the committee will be required to amend their form if the treasurer's e-mail address changes.



Filing Method

Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

NOTE

*Political Committees that intend to raise more than \$10,000 or who intend to spend more than \$10,000 in a single calendar year are required by \$24.2-914.1 to file electronically.

• VAFiling Option

• If you choose to use SBE's VAFiling Program, please attach a completed invoice and check for \$35 made out "State Board of Elections." SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.

Approved Vendor Option

• If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will completely comply with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: http://www.sbe.state.va.us/Campaign_Finance/